

Division \_\_\_\_\_

Michigan Department of Community Health  
Early Hearing Detection and Intervention  
P.O. Box 30195  
Lansing, MI 48909  
Forms Requisition  
**FAX your request to: (517) 335-8036**  
Phone 517-335-8955

Routing  
Mailroom \_\_\_\_\_

Account \_\_\_\_\_

Forms Mgmt. \_\_\_\_\_

Date:	Requestor's Name:
Name of Agency/Program:	
Number and Street:	
City/State/Zip Code	
Phone#:	

<u>Form #</u>	<u>Description</u>	<u>Quantity Needed</u>
DCH-0474	Michigan's Community Hearing Screening Program - brochure (50/pkg) English	_____
DCH-0474a	Michigan's Community Hearing Screening Program - brochure (50/pkg) Arabic	_____
DCH-0474s	Michigan's Community Hearing Screening Program - brochure (50/pkg) Spanish	_____
DCH-0376	Services for Children Who Are Deaf or Hard of Hearing: A Guide for Families and Providers (each)-English	_____
DCH-0376s	Services for Children Who Are Deaf or Hard of Hearing: A Guide for Families and Providers (each)- Spanish	_____
DCH-1114	Parent Card (each) English	_____
DCH-1114sp	Parent Card (each) Spanish	_____
DCH-1114a	Parent Card (each) Arabic	_____
DCH-1132	Guidelines for Newborn Hearing Services	_____
DCH-1223	Hearing Screening Results Crib card-English (100/pkg)	_____
DCH-1223S	Hearing Screening Results Crib card-Spanish (100/pkg)	_____
DCH-1223A	Hearing Screening Results Crib card- Arabic (100/pkg)	_____
DCH-0708	Early Hearing Detection and Intervention Program Order Form (each)	_____
<b>Other Early Hearing Detection and Intervention Materials</b>		
	Guide-By-Your-Side Brochures (each)	_____
	Michigan Hands & Voices Brochures (each)	_____
	Babies & Hearing Notebook (\$25.00/each) The notebooks will be sent out with an invoice for payment	_____